MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11625

CERTIFICATE OF DEATH

Reg. Dist. No. 355

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
LENGTH OF STAY (in this place) 82 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wor.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
STREET ADDRESS (If rural give location) R.F.D.

3. NAME OF DECEASED: (First) JOSHUA (Middle) ROLLINS (Last) BUNTING
4. DATE OF DEATH: (Month) Nov. (Day) 24 (Year) 1953.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
MALE	WHITE	MARRIED	SEPT. 12, 1871	82 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
FARMER	RETIRED	BERLIN, MD (R.F.D)	U.S.A

13. FATHER'S NAME: JOSHUA BUNTING
14. MOTHER'S MAIDEN NAME: SARAH HEARN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No	No	No	MRS. J.R. BUNTING, BERLIN, MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Between Onset And Death
592X Immediate cause	(a) Chronic Myocarditis	
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO	(b) Cerebral Hemorrhage	6 mo
DUE TO	(c) Chr. Nephritis	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. ,1953., to Nov 24, 1953, that I last saw the deceased alive on Nov 23, 1953., and that death occurred at 1230 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Chas R. Law M.D		Berlin Md	Nov. 27-1953

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	11/27/53	TAYLORVILLE	BERLIN, MD. R.F.D

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-27-53	Helen F. Hayward	Amos A. Benbow	Berlin Md

VS. A

RECEIVED
NOV 30 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11626

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH — COUNTY: Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Whaleyville — LENGTH OF STAY (in this place): 30 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Whaleyville
STREET ADDRESS (If rural, give location): No #

3. NAME OF DECEASED (Type or Print): J. (First) Harry (Middle) Davis (Last)

4. DATE OF DEATH: Nov. (Month) 2 (Day) 1953 (Year)

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug 8 1873
9. AGE last birthday: 80 yrs. — If under 1 year: Months, Days — If under 24 hrs: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own farm.
11. BIRTHPLACE (State or foreign country): Maryland.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mitchell Davis
14. MOTHER'S MAIDEN NAME: Kaleena Dennis.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ✓ (If year, give war or dates of service): ✓
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT AND ADDRESS: Mrs. William Williams Berlin Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

592+ Immediate cause (a) Chronic Int. Nephritis

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

(c) Myocarditis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-20, 1953, to 11-2-53, 19..., that I last saw the deceased alive on 11-1-53, 19..., and that death occurred at 24 m., from the causes and on the date stated above.

SIGNATURE: Clifford E. Schat (Degree or title) M.D. — ADDRESS: Berlin Md — DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 11-3-53 — NAME OF CEMETERY OR CREMATORY: Dale — LOCATION (City, town, or county) (State): Whaleyville Md.

DATE REC'D BY LOCAL REG.: 11-3-53 — REGISTRAR'S SIGNATURE: Helen F Hayward — 24. FUNERAL DIRECTOR: Peter Whaley — ADDRESS: Selbyville, Del.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
NOV 16 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

11627

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY WORCESTER MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WHALEYVILLE
LENGTH OF STAY (in this place) 18 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY WOR.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WHALEYVILLE
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): EVA FREELAND EISENBERGER
4. DATE OF DEATH (Month) (Day) (Year): NOV. 14 1953

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOW
8. DATE OF BIRTH: DEC. 5, 1873
9. AGE last birthday: 79 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME
11. BIRTHPLACE (State or foreign country): PATTERSON, N. J.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM SIMONTON
14. MOTHER'S MAIDEN NAME: JULIA SWEET.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS: MRS HAZEL BLIXT, GLEN ROCK N.J.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

916.0 Immediate cause (a) Third Degree Burns 80% of Body — Minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Right Heart failure + Shock

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) Whaleyville (COUNTY) Worcester (STATE) Co., Md
TIME OF INJURY (Month) (Day) (Year) (Hour) Nov. 14 1953 A.m.,
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Clothing caught fine while lighting stove

22. *I certify that I took charge of the remains described above, held an Autopsy ☑ Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☑ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Herman A. Robbins M.D. ADDRESS 5 Bay St Berlin, Md DATE SIGNED 11/14/53

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL
DATE THEREOF: 11/14/53
NAME OF CEMETERY OR CREMATORY: CEDARLAWN
LOCATION (City, town, or county) (State): PATTERSON N. J.

DATE REC'D BY LOCAL REG.: Nov 17, 1953
REGISTRAR'S SIGNATURE: Helen F. Hayward
24. FUNERAL DIRECTOR: Anna A. Burbage ADDRESS: Berlin Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 19 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11628

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Berlin
LEGAL OF STATE (in this place) Hospital
HOSPITAL OR INSTITUTION OR STREET ADDRESS R2 Berlin Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
STREET ADDRESS (If rural, give location) Purnell St.

3. NAME OF DECEASED (Type or Print) (First) THOMAS (Middle) JEROME (Last) EVANS
4. DATE OF DEATH (Month) Nov (Day) 8 (Year) 1953

5. SEX M
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Dec 27 76
9. AGE last birthday 76 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME David Evans
14. MOTHER'S MAIDEN NAME Charlotte Dorsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Maude Brownley, Salisbury Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary occlusion, acute — INTERVAL BETWEEN ONSET AND DEATH Immediate

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive cardio vascular disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Phlebitis left leg 8 weeks ago.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE J. Townsend. (Degree or title) Md Deputy Medical Examiner Wor. Co. Md. ADDRESS Ocean City Md DATE SIGNED Nov. 8 53.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 11/11/53
NAME OF CEMETERY OR CREMATORY Evergreen
LOCATION (City, town, or county) Berlin (State) Md

DATE REC'D BY LOCAL REG. 11-11-53
REGISTRAR'S SIGNATURE Helen F. Hayward.
24. FUNERAL DIRECTOR Bruce A Bunbury ADDRESS Berlin Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

V 15A

RECEIVED
NOV 16 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11629

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH:
COUNTY Worcester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Berlin R.F.D.
LENGTH OF STAY (in this place) 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wor.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Berlin X
STREET ADDRESS (If rural give location) The Oaks R.F.D.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Alice Virginia Fears
4. DATE OF DEATH: (Month) (Day) (Year) Nov. 27, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Nov. 16, 1865
9. AGE last birthday: 88 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Tennessee 39
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Dr. William Alexander Tatom
14. MOTHER'S MAIDEN NAME: Mary Davis.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: No
17. INFORMANT & ADDRESS: Mrs. F.E. Humphreys, New York City, N.Y.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: 6 Days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis — 4 years.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1949, to 27 Nov., 1953, that I last saw the deceased alive on 27 Nov., 1953, and that death occurred at 11:40 PM, from the causes and on the date stated above.

SIGNATURE N. L. Thomas (Degree or title) M.D. ADDRESS Ocean City, Md DATE SIGNED 1 Dec 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 12/1/53
NAME OF CEMETERY OR CREMATORY Evergreen
LOCATION (City, town, or county) Berlin (State) Md.

DATE REC'D BY LOCAL REGISTRAR 12-1-59
REGISTRAR'S SIGNATURE Helen F. Hayward
24. FUNERAL DIRECTOR Anna A. Burbage ADDRESS Berlin Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

RECEIVED
DEC 7 1953
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 411

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11630

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
LENGTH OF STAY (in this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
STREET ADDRESS (If rural, give location) Burley Street

3. NAME OF DECEASED (Type or Print) (First) Eva (Middle) Lee (Last) Halston
4. DATE OF DEATH (Month) Nov. (Day) 27 (Year) 1953

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH Aug 22 1879
9. AGE last birthday 74 yrs. If under 1 year Months. Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY own home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Halford Smack
14. MOTHER'S MAIDEN NAME Annie Butler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Bessie Davis Berlin Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

170X Immediate cause (a) Cardiac failure & pulmonary congestion — 1 year

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Metastatic Carcinoma

(c) Cancer of breast

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pathological fractures (multiple)

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from October 10, 1953, to Nov. 27, 1953, that I last saw the deceased alive on Nov. 27, 1953, and that death occurred at 10:51 P. m., from the causes and on the date stated above.

SIGNATURE Robert A. Grubb (Degree or title) M.D. ADDRESS Berlin, Md. DATE SIGNED Nov. 28, 1953

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 11/29/53.
NAME OF CEMETERY OR CREMATORY Bowen
LOCATION (City, town, or county) Newark (State) Md.

DATE REC'D BY LOCAL REG. 11-28-53
REGISTRAR'S SIGNATURE Helen F. Hayward
24. FUNERAL DIRECTOR Peter Whaley Selbyville Del. ADDRESS

RECEIVED
DEC 3 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11631

Reg. Dist. No. 353

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. 415 T

1. PLACE OF DEATH: COUNTY Worcester Co. MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin, Md.; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Worcester Co. Md. COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Little Georgetown; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
CLARA	COLLINS	HUDSON	11	17	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	June 11 1875	78 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House work		Delaware.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James Collins	Isabella Derrickson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No.	—	—	Edna Justice Berlin, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
4203 Immediate cause	(a) Arteriosclerotic heart disease	not known
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Failure	
	(c) senility	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Sept., 1953 to 17 Nov., 1953, that I last saw the deceased alive on 17 Nov., 1953, and that death occurred at 10 05 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Earl B. McFadden	M.D.	Selbyville Del.	17 Nov 53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	11/20/53.	Tyndale Cem.	Selbyville	Del

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-18-53	[illegible]	Henry H. Watson	Pocomoke Md.

RECEIVED
NOV
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH:
COUNTY WORCESTER MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) NEWARK
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WOR.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) NEWARK
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) EDWARD (Middle) Khesure (Last) JARVIS
4. DATE OF DEATH: (Month) Nov. (Day) 5 (Year) 1953

5. SEX: M
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWER
8. DATE OF BIRTH: July 31, 1877
9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): BERLIN MD RFD
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM JARVIS
14. MOTHER'S MAIDEN NAME: SARAH BOWEN

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: NO
17. INFORMANT & ADDRESS: MRS. RYDIA HADDER, OCEAN CITY MD

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 4457 (a) Acute Pulmonary Edema DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertensive Cardiovascular disease DUE TO
(c)

Interval Between Onset And Death: 2 days; 10 yrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Left Inguinal Hernia

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 10, 1953, to Nov. 5, 1953, that I last saw the deceased alive on Nov. 4, 1953, and that death occurred at 6:30 P, from the causes and on the date stated above.
SIGNATURE Joseph L. LaMar MD (Degree or title) ADDRESS Snow Hill DATE SIGNED 11-6-53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF 11/8/53
NAME OF CEMETERY OR CREMATORY TAYLORVILLE
LOCATION (City, town, or county) (State) BERLIN (RFD. MD
DATE REC'D BY LOCAL REGISTRAR 11/7/53
REGISTRAR'S SIGNATURE Guy E. Cooper
24. FUNERAL DIRECTOR Dennis A. Burbage ADDRESS Berlin MD

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS.

RECEIVED
NOV 10 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 350

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke
LENGTH OF STAY (in this place) 15 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke City
STREET ADDRESS (If rural, give location) 505 Walnut St

3. NAME OF DECEASED (Type or Print) (First) Percy (Middle) Hendrix (Last) Linton
4. DATE OF DEATH (Month) Nov (Day) 2nd (Year) 1953
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Dec 12th 1884
9. AGE last birthday 68 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY Shipp Boats
11. BIRTHPLACE (State or foreign country) Saxis Va
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME James H. Linton
14. MOTHER'S MAIDEN NAME Georgiana Wessels
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY No. 216-14-2490
17. INFORMANT AND ADDRESS John Linton - 505 Walnut St Pocomoke City Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 974X (a) Suicide by Hanging — Interval Between Onset and Death: Few minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Due to Melancholy (c) Due to declining health

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Inability to work

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home (CITY OR TOWN) Pocomoke (COUNTY) Worcester (STATE) Md
TIME OF INJURY (Month) 11 (Day) 2 (Year) 1953 (Hour) 1:15 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Hung himself

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐

SIGNATURE Dr N. E. Fortorius - Dep. Med. Exam (Degree or title) ADDRESS Pocomoke City Md DATE SIGNED 11/2/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 11-4-53
NAME OF CEMETERY OR CREMATORY Ellis Cemetery
LOCATION (City, town, or county) Saxis, Va (State)

DATE REC'D BY LOCAL REG. Nov. 4 1953
REGISTRAR'S SIGNATURE Anne E. White
24. FUNERAL DIRECTOR Dennis & Watson ADDRESS Pocomoke, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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RECEIVED
NOV 6 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 11642

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 350

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke City — LENGTH OF STAY (If dead on arrival, place) 1 Yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hadden Bros Motor Co

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Va — COUNTY Accomack
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chincoteague V. 43-3
STREET ADDRESS (If rural, give location) Bebe Ranch road

3. NAME OF DECEASED (Type or Print): (First) Paul — (Middle) Walker — (Last) Lunn
4. DATE OF DEATH: (Month) 11 — (Day) 17 — (Year) 1953
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Nov 22 1929
9. AGE last birthday: 24 yrs — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter
10b. KIND OF BUSINESS OR INDUSTRY: Lunn & Bro
11. BIRTHPLACE (State or foreign country): Chincoteague Va
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Leslie Lunn
14. MOTHER'S MAIDEN NAME: Molly Mason
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 225-10-3348
17. INFORMANT AND ADDRESS: Estelle Lunn (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
Hx of
Immediate cause (a) Coronary Disease — INTERVAL BETWEEN ONSET AND DEATH few months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio - Vascular
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Strenuous work shortly before death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office, garage, etc.) OF INJURY Hadden Co. (CITY OR TOWN) Pocomoke City (COUNTY) Worcester (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE (Degree or title) M. L. Sartorius M.D. — ADDRESS La Mesa — Pocomoke City Md — DATE SIGNED 11/17/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 11-19-53 — NAME OF CEMETERY OR CREMATORY: Lunn Family Cemetery — LOCATION (City, town, or county) (State): Chincoteague, Va.

DATE REC'D BY LOCAL REG. Nov 17, 1953 — REGISTRAR'S SIGNATURE Anne E. White

24. FUNERAL DIRECTOR — ADDRESS: William B. Salyer, Chincoteague, Va.

DEC 21 [illegible]

BUREAU V. S.

Film#G159 Item# 14 11/24/53 emp

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 355

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

VS.

1. PLACE OF DEATH:

COUNTY: WORCESTER MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): BERLIN

LENGTH OF STAY (in this place): 12 yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: MARYLAND COUNTY: WOR.

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): BERLIN

STREET ADDRESS (If rural give location): BROAD ST.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last): RAYMOND THOMAS MUMFORD

4. DATE OF DEATH: (Month) (Day) (Year): NOV 15 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: OCT. 23, 1888

9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR: Months | Days. IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: PAINTER

10b. KIND OF BUSINESS OR INDUSTRY: OWN BUSINESS

11. BIRTHPLACE (State or foreign country): PHILADELPHIA PA

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: THOMAS O. MUMFORD.

14. MOTHER'S MAIDEN NAME: Laura Timmons

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: MRS. R.T. MUMFORD BERLIN MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Massive Coronary Thrombosis not to

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Atherosclerotic Heart Disease & Coronary Sclerosis

DUE TO

21 X (c)

Interval Between Onset And Death: Minutes; 5 yrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 12 yrs.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1947, to Nov 15, 1953, that I last saw the deceased alive on Nov 15, 1953, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): [illegible] Md — ADDRESS: Berlin, Md — DATE SIGNED: 11/17/53

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF: 11/18/53 — NAME OF CEMETERY OR CREMATORY: EVERGREEN — LOCATION (City, town, or county): BERLIN (State): MD

DATE REC'D BY LOCAL REGISTRAR: 11-17-53 — REGISTRAR'S SIGNATURE: Helen F. Hayward.

24. FUNERAL DIRECTOR: Anna A. Burbage — ADDRESS: Berlin Md

RECEIVED
NOV 10 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 351

1. PLACE OF DEATH:
COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill, Rural #1
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Worcester
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Snow Hill - Rural
STREET ADDRESS (If rural, give location) R2D #1

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) H (Last) Purnell

4. DATE OF DEATH (Month) 11 (Day) 22 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Sept 10 1898 (Month, Day, Year)
9. AGE last birthday: 54 2 70 13
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Snow Hill, Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John E. Purnell
14. MOTHER'S MAIDEN NAME: Mariah Blake

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 097-09-9945
17. INFORMANT & ADDRESS: Mr Harrison S Purnell Pocomokeley Md Rural #2 Member of Family

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 8124

Immediate cause (a) Hemorrhage of lungs - also other fatal injuries

Antecedent cause(s) (b) Crushing injuries to lungs, other organs and extremities

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c) Being struck, dragged, run over by automobile

INTERVAL BETWEEN ONSET AND DEATH: Few minutes

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Visibility bad due to heavy smoke

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☑ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): County road
21c. (City or town): 3½ miles Snow Hill (County): Worcester (State): Md

21d. TIME OF INJURY (Month) 11 (Day) 22 (Year) 1953 (Hour) 12:20 a M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR? Struck by an auto while walking on road

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☑, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Dr. N. E. Sartorius M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 11/23/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF Nov. 24/53
NAME OF CEMETERY OR CREMATORY Mt Wesley
LOCATION (City, town, or county) Snow Hill, Worcester (State) Md

DATE REC'D BY LOCAL REG. Nov. 24, 53
REGISTRAR'S SIGNATURE Elwyn C. Cooper
24. FUNERAL DIRECTOR Elwyn C. Timmins, Snow Hill, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A... 5-53

BUREAU V. S.

Film#G159 Item# 9 12/2/53 emp

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11636

CERTIFICATE OF DEATH

Reg. Dist. No. 355

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY WORCESTER MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BERLIN X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WOR.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BERLIN X
STREET ADDRESS (If rural give location) S. MAIN ST.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) MARGARETTA EMLEN PURNELL
4. DATE OF DEATH: (Month) (Day) (Year) NOV. 17 1953
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE
8. DATE OF BIRTH: JAN. 30, 1864
9. AGE last birthday: 89 NW yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME
11. BIRTHPLACE (State or foreign country): BERLIN, MD
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: FRANCIS J. PURNELL
14. MOTHER'S MAIDEN NAME: SARAH ANNE TAYLOR
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: MISS. NAN PURNELL BERLIN, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

422.1

Immediate cause (a) Senility, chronic Dez. Myocarditis — 12 years

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis generalized

DUE TO

(c) Cerebral Apoplexy — 24 hours

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arthritis, Deformans, chronic Myocarditis — 10 years

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1947, to Nov 17, 1953, that I last saw the deceased alive on Nov 17, 1953, and that death occurred at 5 A.M., from the causes and on the date stated above.

SIGNATURE Hermann A. Robbins (Degree or title) M.D. ADDRESS Berlin, Md DATE SIGNED 11/19/53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL DATE THEREOF 11/19/53 NAME OF CEMETERY OR CREMATORY ST. PAULS CHURCH LOCATION (City, town, or county) BERLIN (State) MD

DATE REC'D BY LOCAL REGISTRAR 11-19-53 REGISTRAR'S SIGNATURE Helen F. Hayward. 24. FUNERAL DIRECTOR Bruce A. Burbage ADDRESS Berlin Md

RECEIVED
NOV 24 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

11637

Reg. Dist. No. 350

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

1. PLACE OF DEATH:
COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural X
STREET ADDRESS (If rural give location) Pocomoke, Md.

3. NAME OF DECEASED: (Type or Print) (First) Laura (Middle) Elizabeth (Last) Waters
4. DATE OF DEATH: (Month) Nov. (Day) 20 (Year) 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
F.	C.	Married	Aug. 21, 1882	71 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Domestic
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Schoolfield
14. MOTHER'S MAIDEN NAME: Ellen Gale

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Deloris Waters Pocomoke, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Between Onset And Death
443X Immediate cause	(a) Cerebral Hemorrhage DUE TO	11/15/53
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) Hypertensive Cardiovasc. Dis. DUE TO	3 1/2 yrs.
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/19 to 11/20/53 that I last saw the deceased alive on 11/18, 1953 and that death occurred at 7:30 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Louis L. Llewellyn, M.D.	Pocomoke, Md.	11/20/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov. 22, 1953	Unionville.	Pocomoke, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 21, 1953	Anne E. White	Edgar Wharton - New Church, Va.	

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NOV 1953
BUREAU V. S.